

Provider Complaint & Appeal Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 20130501
 Report Period End Date: 20130531

Document ID: PI182
 Document Name: **PROVIDER COMPLAINT & APPEAL SUMMARY REPORT**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	0	0
% Upheld	31%	0
% Overturned	69%	0
% Withdrawn	0	0

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²	
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial			
May-2013	Received this Month	1264	1219	2	1	0	0	12	30		27	27					
	Total Closed this Month	1159	1118	1	1	0	0	9	30	1	0	29	29	0	0		
	Withdrawn by Provider																
	Per Internal Plan Action/Decision	1159	1118	1	1	0	0	9	30	1	0	29	29	0	0		
	Per Independent Arbitration																
	Per DHH Review																
	Other (Review determined not a complaint)																
	Total Pending (cumulative as of month end)	118	114	1	0	0	0	3	0	2	0	1	1	0	0		
	Information needed from Provider																
	Internal Plan Review	118	114	1	0	0	0	3	0	2	0	1	1	0	0		
	Independent Arbitration																
DHH Review																	
Other (Review determined not a complaint)																	
2013 Year to Date (YTD)	Total Complaints Received YTD	4977	4731	7	16	0	3	18	202		93	93					
	Total Closed YTD	4941	4695	6	17	0	5	15	203	15	0	92	92	0	0		
	Withdrawn by Provider																
	Per Internal Plan Decision/Correction	4941	4695	6	17	0	5	15	203	15	0	92	92	0	0		
	Per Independent Arbitration																
	Per DHH Decision																
Other (Review determined not a complaint)																	

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

